

PAPERWORK REDUCTION ACT SUBMISSION

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the supporting statement, and any additional documentation to: Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW, Washington, DC 20503.

1. Agency/Subagency originating request	2. OMB control number b. <input type="checkbox"/> None a. _____ - _____
3. Type of information collection (<i>check one</i>) a. <input type="checkbox"/> New Collection b. <input type="checkbox"/> Revision of a currently approved collection c. <input type="checkbox"/> Extension of a currently approved collection d. <input type="checkbox"/> Reinstatement, without change, of a previously approved collection for which approval has expired e. <input type="checkbox"/> Reinstatement, with change, of a previously approved collection for which approval has expired f. <input type="checkbox"/> Existing collection in use without an OMB control number For b-f, note Item A2 of Supporting Statement instructions	4. Type of review requested (<i>check one</i>) a. <input type="checkbox"/> Regular submission b. <input type="checkbox"/> Emergency - Approval requested by ____ / ____ / ____ c. <input type="checkbox"/> Delegated 5. Small entities Will this information collection have a significant economic impact on a substantial number of small entities? <input type="checkbox"/> Yes <input type="checkbox"/> No 6. Requested expiration date a. <input type="checkbox"/> Three years from approval date b. <input type="checkbox"/> Other Specify: ____ / ____
7. Title	
8. Agency form number(s) (<i>if applicable</i>)	
9. Keywords	
10. Abstract	
11. Affected public (<i>Mark primary with "P" and all others that apply with "x"</i>) a. <input type="checkbox"/> Individuals or households d. <input type="checkbox"/> Farms b. <input type="checkbox"/> Business or other for-profit e. <input type="checkbox"/> Federal Government c. <input type="checkbox"/> Not-for-profit institutions f. <input type="checkbox"/> State, Local or Tribal Government	12. Obligation to respond (<i>check one</i>) a. <input type="checkbox"/> Voluntary b. <input type="checkbox"/> Required to obtain or retain benefits c. <input type="checkbox"/> Mandatory
13. Annual recordkeeping and reporting burden a. Number of respondents _____ b. Total annual responses _____ 1. Percentage of these responses collected electronically _____ % c. Total annual hours requested _____ d. Current OMB inventory _____ e. Difference _____ f. Explanation of difference 1. Program change _____ 2. Adjustment _____	14. Annual reporting and recordkeeping cost burden (<i>in thousands of dollars</i>) a. Total annualized capital/startup costs _____ b. Total annual costs (O&M) _____ c. Total annualized cost requested _____ d. Current OMB inventory _____ e. Difference _____ f. Explanation of difference 1. Program change _____ 2. Adjustment _____
15. Purpose of information collection (<i>Mark primary with "P" and all others that apply with "X"</i>) a. <input type="checkbox"/> Application for benefits e. <input type="checkbox"/> Program planning or management b. <input type="checkbox"/> Program evaluation f. <input type="checkbox"/> Research c. <input type="checkbox"/> General purpose statistics g. <input type="checkbox"/> Regulatory or compliance d. <input type="checkbox"/> Audit	16. Frequency of recordkeeping or reporting (<i>check all that apply</i>) a. <input type="checkbox"/> Recordkeeping b. <input type="checkbox"/> Third party disclosure c. <input type="checkbox"/> Reporting 1. <input type="checkbox"/> On occasion 2. <input type="checkbox"/> Weekly 3. <input type="checkbox"/> Monthly 4. <input type="checkbox"/> Quarterly 5. <input type="checkbox"/> Semi-annually 6. <input type="checkbox"/> Annually 7. <input type="checkbox"/> Biennially 8. <input type="checkbox"/> Other (describe) _____
17. Statistical methods Does this information collection employ statistical methods <input type="checkbox"/> Yes <input type="checkbox"/> No	18. Agency Contact (person who can best answer questions regarding the content of this submission) Name: _____ Phone: _____

19. Certification for Paperwork Reduction Act Submissions

On behalf of this Federal Agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9

NOTE: The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8(b)(3), appear at the end of the instructions. *The certification is to be made with reference to those regulatory provisions as set forth in the instructions.*

The following is a summary of the topics, regarding the proposed collection of information, that the certification covers:

- (a) It is necessary for the proper performance of agency functions;
- (b) It avoids unnecessary duplication;
- (c) It reduces burden on small entities;
- (d) It used plain, coherent, and unambiguous terminology that is understandable to respondents;
- (e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;
- (f) It indicates the retention period for recordkeeping requirements;
- (g) It informs respondents of the information called for under 5 CFR 1320.8(b)(3):
 - (i) Why the information is being collected;
 - (ii) Use of information;
 - (iii) Burden estimate;
 - (iv) Nature of response (voluntary, required for a benefit, mandatory);
 - (v) Nature and extent of confidentiality; and
 - (vi) Need to display currently valid OMB control number;
- (h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of instructions);
- (i) It uses effective and efficient statistical survey methodology; and
- (j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of the provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.

Signature of Senior Official or designee

Date

Agency Certification (signature of Assistant Administrator or head of MB staff for L.O.s, or of the Director of a Program or Staff Office)	
Signature	Date
Signature of NOAA Clearance Officer	
Signature	Date

Supporting Statement Highly Migratory Species Tournament Reporting

Section A. Justification.

1. The Secretary of Commerce is authorized to regulate fisheries for Highly Migratory Species (HMS) under the Magnuson Fishery Conservation and Management Act and Atlantic Tunas Convention Act, as amended. Under this authorization, NMFS proposes to renew tournament catch reporting requirements for HMS.

These reporting procedures involve the documentation, and transmission to NMFS, of all instances of landing an Atlantic HMS. To do this, NMFS will require tournament operators to provide identification of the tournament, including the date, location, and purpose of the tournament, to the appropriate regional office at least four weeks prior to the start of the tournament. From all boats, the tournament operator will collect on a form the following data on all HMS encountered: whether the fish was kept or released, weight, and length of boated fish. All of these data are routinely collected in the normal course of tournament angling, thus making the burden NMFS wishes to impose one of transcribing existing information onto a single form, rather than collection of new information. Thus, the burden NMFS seeks to impose is one of having tournament operators tabulate all the information they have already gathered in the course of normal tournament operations, record it on a one form per tournament, and submit this form to NMFS no later than the 7th day after the conclusion of the tournament.

There are two sets of registration and reporting forms, one for Billfish and one form all other HMS. This division reflects a division of program responsibilities in NMFS, and since tournaments are almost always focused on particular species the separation does not result in any additional burden on the public.

These data are used by NMFS in estimates of total annual catch of Atlantic HMS. In addition, these data will allow NMFS to evaluate the impact of tournament angling in relation to other types of angling (e.g., commercial, non-tournament recreational), as well as its relative impact on various regulated HMS.

2. The information obtained from each tournament operator on the “Tournament Registration” includes:

- a. The name, date, and location of the tournament.
- b. The Director/Operator’s name, address, phone number, and e-mail address if applicable.
- c. Information on which highly migratory species points or prizes were awarded.
- d. How many anglers and vessels are expected to participate.
- e. Whether or not this tournament promotes catch and release fishing. If so, what percentage of the total catch is released.

This information is used by NMFS to plan for assignment of tournament observers who would assist in catch/effort data compilation and obtain biological data and samples from landed fish (length/weight, stomach contents, injuries, parasites, hard and soft tissue for age determination, genetic and microconstituent analysis, spawning condition, fecundity, etc.). Additionally, with a database of tournament characteristics NMFS could better assess use of tournaments for public outreach with written materials and public meetings to explain regulations and research needs.

The last two types of data in the list are only required for the HMS registrations. The same information is not necessary for the Billfish Registrations because that aspect of the program has been going on for some time and there is a better understanding of the tournaments that take place.

The information obtained from each tournament operator on the "Tournament Summary Report" includes:

- a. The name, date and location of the tournament.
- b. The total number of boats fishing, hours fished, recorder's name and phone number.
- c. How many fish were kept, and the size (weight in lbs., length in inches) of each. How many released alive, released alive with tag, and released dead.

The information to be submitted is no different than the information tournament operators would be collecting anyway to determine a winner-- the weight and length of each type of boated fish caught, and whether it was landed or released. Tournaments that normally use radio logs or catch certificates to log effort and catch are requested to submit copies to NMFS along with the report form supplied by NMFS. The only additional time or cost burden imposed by NMFS would be for photocopying and/or mailing, as the tournament would otherwise be using the radio logs and/or catch certificates anyway. As noted above, this information will be utilized in NMFS assessments of total annual catch, and the relative impact of tournament angling on regulated HMS.

3. Tournament operators are being asked to report catch of HMS on a NMFS form, to standardize the data collected. In the past the information has been submitted by fax, or already in computerized form. This allowance will continue. Submission by fax, or in computerized form, should hasten information transmission.
4. The information to be gathered cannot be gathered in any other way.
5. The information collection from angling tournaments will not have a significant impact on small businesses, organizations, or government bodies.
6. The information on catch of HMS from angling tournaments is essential to the formulation of NMFS policies on regulated HMS. To adequately assess the relative impact of various types of

angling on HMS, and the impact of specific types of angling on particular HMS, NMFS must have sound data on which to base its evaluations. If NMFS is unable to obtain these data, or is forced to use a sample which could be subject to bias, then NMFS will be unable to fully justify and articulate the reasons for subsequent regulations and rules regarding either HMS or tournament angling.

7. The information collection requiring the registration 4 weeks in advance and requiring the summary report within 7 days following the tournament is not consistent with OMB guidelines. However, the shorter time frame is necessary due to the obligation of NMFS to monitor catch of certain HMS according to agreed international quotas or agreed reductions in landings.

8. Upon publication of the proposed rule containing this tournament reporting requirement, NMFS will receive comments from affected parties. Based on these comments, NMFS will amend regulations as necessary to reduce the burden consistent with the objectives of the collection.

9. No payment or gifts will be provided to respondents.

10. It is Agency policy not to release confidential data, other than in aggregate form, as the Magnuson-Stevens Act protects (in perpetuity) the confidentiality of those submitting data.

11. No questions of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, or other matters that are commonly considered private are included in this information collection.

12. Approximately 300 tournament operators are expected to respond. With this number of respondents, and an approximate response time of 20 minutes per summary form and 2 minutes per registration form, we expect a total of 110 burden hours.

$$300 \times 2 \text{ min} = 10 \text{ hours}$$

$$300 \times 20 \text{ minutes} = 100 \text{ hours}$$

The form respondents are being asked to complete is a simple transcription of the information already collected by tournament operators in order to determine a winner. Thus time spent reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information is expected to be negligible, as this information is already on hand and used by tournament operators.

13. The only costs associated with this collection would be for mailing or faxing forms to NMFS. Given the estimate of 300 respondents and assuming half will fax and half will mail, we estimate the total costs would be approximately \$72.00.

14. Costs for printing and supplying forms are expected to be minimal. The NMFS form has been produced with a PC wordprocessor and can be faxed or mailed to respondents. Forms may

be photocopied by respondents as needed. No new equipment or overhead costs will be incurred because NMFS will be using existing staff and equipment to conduct duplication, distribution, collection and data entry.

15. The total burden will increase as a result of two changes. The response time for tournament registrations was not properly accounted for in the previous clearance submission. The response time for tournament reporting has been revised on the basis of experience. Both changes are adjustments.

16. These data are not being collected for the purpose of publication in raw form. In the future, the data collected may be used in management decisions, and therefore summarized and aggregated data may be included in publications at that time. Aggregated summary data may also be available on the Internet.

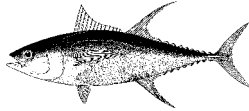
17. NMFS will display the expiration date for OMB approval.

18. Not applicable.

Section B. Information Collection Employing Statistical Methods

The information collection does not employ statistical methods, as the reporting requirement is universal, rather than on a sample.

ATLANTIC HIGHLY MIGRATORY SPECIES (HMS) TOURNAMENT REGISTRATION



OMB # 0648-0323 Expires 4/30/2000

Thank you for registering your fishing tournament with the National Marine Fisheries Service. This information will be used to estimate tournament fishing effort and landings of highly migratory species for stock assessments and national statistical reports.

Tournament Name _____

Tournament Location _____ **Date(s):** _____
City State

Director/Operator Name _____

Mailing Address _____
Street/P.O. Box

Phone (____) ____ - ____ **FAX** (____) ____ - ____
City State Zip

E-mail Address (if available) _____

Please check the appropriate species below for which points or prizes are awarded in your tournament. Thank you.

Sharks

Large Coastal Sharks:

Ridgeback Sharks..... ☐

Non-Ridgeback Sharks..... ☐

Small Coastal Sharks..... ☐

Pelagic Sharks..... ☐

Others

..... ☐
 ☐
 ☐
 ☐
 ☐

Tunas

Bluefin Tuna..... ☐

Yellowfin Tuna..... ☐

Bigeye Tuna..... ☐

Albacore..... ☐

Skipjack Tuna..... ☐

(Please See Reverse Side)

If available, please send a copy of the tournament brochure and rules along with this completed form to **National Marine Fisheries Service, National Seafood Inspection Laboratory**, at the address indicated below or **FAX to (228)762-7144**.

Thank you for helping the National Marine Fisheries Service track Highly Migratory Species recreational activities. For more information about HMS or for current regulations, contact the following personnel or visit www.usatuna.com or www.nmfs.gov/sfa/hms/Final.html:

- HMS Tournament Registration: Tony Lowery or Kim Dawson at 228-769-8964
- Billfish Tournament Registration: Dr. Mark Farber at 305-361-4231
- Sharks: Margo Schulze or Karyl Brewster-Geisz at 301-713-2347
- Tunas: Pat Scida or Sarah McLaughlin at 978-281-9260
- Swordfish: Jill Stevenson 301-713-2347

How many vessels are expected to participate in the tournament? _____

Does this tournament promote catch and release fishing? **YES** _____ **NO** _____

If so, approximately what percentage of the total catch is released? _____ %

PAPERWORK REDUCTION ACT NOTICE: Collection of information through tournament registration and reporting provides essential information for the conservation and management of highly migratory species. This information will be used to estimate recreational landings of these species through tournaments and may be used to estimate fishing effort. Public reporting burden for this collection of information is estimated to average 2 minutes per response (registration and reporting by selected tournaments), including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to NMFS, Highly Migratory Species (F/SF1), 1315 East-West Highway, Silver Spring, MD 20910. Registering and if selected, reporting, of tournaments is required under the authority of the Atlantic Tunas Convention Act. It is NOAA policy to preserve the confidentiality of information submitted under this reporting requirement, except that NMFS may release such information in aggregate or summary form, such that individual identifiers are not disclosed (NAO-216-100). Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number.

OMB NUMBER: 0648-0323

OMB EXPIRATION DATE: xx/xx/2003

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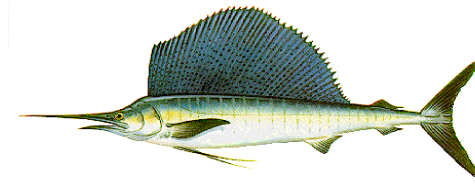
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**National Marine Fisheries Service
National Seafood Inspection Laboratory
705 Convent Street
Pascagoula, MS 39567**

Attn: HMS Tournament Registration

(Please See Reverse Side)

ATLANTIC BILLFISH TOURNAMENT REGISTRATION



OMB # 0648-0323 Expires 4/30/2000

Thank you for registering your fishing tournament with the National Marine Fisheries Service. This information will be used to estimate tournament fishing effort and landings of highly migratory species for stock assessments and national statistical reports.

Tournament Name _____

Tournament Location _____ **Date(s):** _____
City State

Director/Operator Name _____

Mailing Address _____
Street/P.O. Box

City State Zip
Phone (____) ____ - ____ **FAX** (____) ____ - ____

E-mail Address (if applicable) _____

Please check the appropriate species below for which points or prizes are awarded in your tournament. Thank you.

Billfish

White Marlin..... ☐
Blue Marlin..... ☐
Sailfish..... ☐
Longbill Spearfish..... ☐
Swordfish..... ☐

Others

..... ☐
..... ☐
..... ☐
..... ☐
..... ☐

(Please See Reverse Side)

If available, please send a copy of the tournament brochure and rules along with this completed form to: Attn: Billfish Tournament Registration, National Marine Fisheries Service, 75 Virginia Beach Drive, Miami, FL 33149. Additionally, you can contact us by: FAX: (305) 361-4562; or phone: (305) 361-4231 or 361-4214; or email:

mark.farber@noaa.gov

or

arietta.venizelos@noaa.gov

For events in the Gulf of Mexico you can also contact Anna Avrigian at (850)234-6522, xt. 222 or via email at: anna.m.avrigian@noaa.gov

Thank you for helping the National Marine Fisheries Service track billfish recreational activities.

For more information about Highly Migratory Species or for current regulations visit:

www.nmfs.gov/sfa/hms/Final.html

PAPERWORK REDUCTION ACT NOTICE: Collection of information through tournament registration and reporting provides essential information for the conservation and management of highly migratory species. This information will be used to estimate recreational landings of these species through tournaments and may be used to estimate fishing effort. Public reporting burden for this collection of information is estimated to average 10 minutes per response (registration and reporting by selected tournaments), including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to NMFS, Highly Migratory Species (F/SF1), 1315 East-West Highway, Silver Spring, MD 20910. Registering and if selected, reporting, of tournaments is required under the authority of the Atlantic Tunas Convention Act. It is NOAA policy to preserve the confidentiality of information submitted under this reporting requirement, except that NMFS may release such information in aggregate or summary form, such that individual identifiers are not disclosed (NAO-216-100). Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number.

OMB NUMBER: 0648-0323

OMB EXPIRATION DATE: 04/30/2000

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**National Marine Fisheries Service
75 Virginia Beach Drive
Miami, FL 33149**

Attn: Billfish Tournament Registration

(Please See Reverse Side)

OMB #0648-0323, expires 04/30/2000

INSTRUCTIONS for Atlantic Highly Migratory Species BILLFISH TOURNAMENT SUMMARY REPORT (OMB#0648-0323)

Tournament Name: Record the entire name of the fishing tournament as it was reported on the tournament registration form.

Fishing Date(s): Record the actual fishing dates of the tournament (do not include lay days or days canceled due to bad weather).

Tournament Location (city and state): Record the city and state of the fishing tournament.

Total Boats Fishing: Record the number of boats fishing (please note if this number changes each day).

Hours Fished (lines in-lines out): Record tournament start times and ending times (please note if different days have different hours).

Recorder's Name, Phone, and E-mail: Record the name of the person who completes this form, the phone number of the recorder, and e-mail address if available.

No. Kept: Record the total number of fish kept for each species.

Number Released:

- **Alive, No Tag:** Record the total number of fish released alive (no tag) for each species.
- **Alive, Tag:** Record the total number of fish released (with tags) for each species.
- **Dead:** Record the total number of fish thrown back dead for each species.
- **Total:** Add the "Alive, No Tag", "Alive, Tag", and "Dead" numbers and record the total number of fish released or not weighed in for each species.

Size of Fish Kept: Record the length (lower jaw fork length for billfish) in inches and the weight (lbs.) of each individual fish kept for each species (if you need more space, please attach additional pages).

ADDITIONAL BILLFISH and TUNAS: Blank spaces can be used for additional billfish or tunas.

Note: If the tournament keeps radio logs or catch certificates, operators are requested to submit those logs or certificates containing detailed capture information that is not necessarily included on the Tournament Summary Report. To obtain a sample radio log form please call (305) 361-4214 or (305) 361-4231, or fax request to (305) 361-4562.

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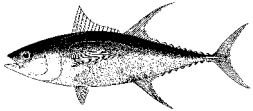
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National Marine Fisheries Service
75 Virginia Beach Drive
Miami, FL 33149

ATTN: BILLFISH TOURNAMENT REPORTING

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Atlantic Highly Migratory Species
Tournament Summary Report



OMB #0648-0323, expires XX/XX/2003

Tournament Name: _____ Fishing Date(s): _____

Tournament Location (city and state): _____

Total Boats Fishing: _____ Hours Fished (lines in-lines out): _____

Recorder's Name: _____ Phone: _____

Email Address:_____

ATLANTIC TUNAS											
Species	No. Kept	Number Released				Size of Fish Kept		Size of Fish Kept		Size of Fish Kept	
		Alive Tag +	Alive No Tag +	Dead =	Total	Weight (lbs.)	Length (in.)	Weight (lbs.)	Length (in.)	Weight (lbs.)	Length (in.)
Yellowfin											
Blackfin											
Skipjack											
Bonito											
Bluefin											
Albacore											
Bigeye											
Other											

ATLANTIC PELAGICS and COASTAL SHARKS											
Species	No. Kept	Number Released				Size of Fish Kept		Size of Fish Kept		Size of Fish Kept	
		Alive Tag +	Alive No Tag +	Dead =	Total	Weight (lbs.)	Length (in.)	Weight (lbs.)	Length (in.)	Weight (lbs.)	Length (in.)
Blue											
Longfin Mako											
Shortfin Mako											
Oceanic Whitetip											
Common Thresher											
Bigeye Thresher											
Porbeagle											
Bignose											
Blacktip											
Dusky											
Great Hammerhead											
Scalloped Hammerhead											
Smooth Hammerhead											
Night											
Sandbar											
Silky											
Spinner											
Tiger											
White											
Other											

ADDITIONAL TUNAS, SHARKS, and BILLFISHES											
Species	No. Kept	Number Released				Size of Fish Kept		Size of Fish Kept		Size of Fish Kept	
		Alive Tag +	Alive No Tag +	Dead =	Total	Weight (lbs.)	Length (in.)	Weight (lbs.)	Length (in.)	Weight (lbs.)	Length (in.)

Please FAX the completed report form to: (228)762-7144, or mail it to:

Attn: HMS Tournament Reporting
National Marine Fisheries Service, National Seafood Inspection Laboratory, 705 Convent Street
Pascagoula, MS 39567

PAPERWORK REDUCTION ACT NOTICE: Atlantic Highly Migratory Species tournament information is required by the National Marine Fisheries Service under authority of the Magnuson-Stevens Fishery Conservation and Management Act and the Atlantic Tunas Convention Act, as amended. Catch and effort information will be used in stock assessments, to monitor total catch of species under quota management, and in reports to international commissions with respect to catch sharing agreements. It is NOAA policy to preserve the confidentiality of information submitted under this reporting requirement, except that NMFS may release such information in aggregate or summary form, such that individual identifiers are not disclosed (NAO 216-100). Upon request, some individual responses, stripped of personal identifiers, may be released to the public. Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 20 minutes per respondent, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other suggestions for reducing this burden to the Highly Migratory Species Management Division, National Marine Fisheries Service, 1315 East-West Highway, Silver Spring, MD 20910.

INSTRUCTIONS for Atlantic Highly Migratory Species Tournament Summary Report (OMB#0648-0323)

Tournament Name: Record the entire name of the fishing tournament as it was reported on the tournament registration form.

Fishing Date(s): Record the actual fishing dates of the tournament (do not include lay days or days canceled due to bad weather).

Tournament Location (city and state): Record the city and state of the fishing tournament.

Total Boats Fishing: Record the number of boats fishing (please note if this number changes each day).

Hours Fished (lines in-lines out): Record tournament start times and ending times (please note if different days have different hours).

Recorder’s Name, Phone, and E-mail: Record the name of the person who completes this form., the phone number of the recorder, and e-mail address if available.

No. Kept: Record the total number of fish kept for each species.

Number Released:

- **Alive, No Tag:** Record the total number of fish released alive (no tag) for each species.
- **Alive, Tag:** Record the total number of fish released (with tags) for each species.
- **Dead:** Record the total number of fish thrown back dead for each species.
- **Total:** Add the “Alive, No Tag”, “Alive, Tag”, and “Dead” numbers and record the total number of fish released or not weighed in for each species.

Size of Fish Kept: Record the fork length in inches and the weight (lbs) of each individual fish kept for each species (if you need more space, please attach additional pages).

Note: If the tournament keeps radio logs or catch certificates, operators are requested to submit those logs or certificates containing detailed capture information that is not necessarily included on the Tournament Summary Report.

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National Marine Fisheries Service
National Seafood Inspection Laboratory
705 Convent Street
Pascagoula, MS 39567

ATTN: HMS TOURNAMENT REPORTING

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